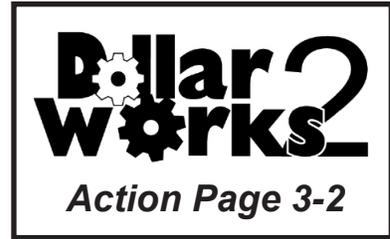


Spending Plan

Month: _____

How Much Money Do I Have?

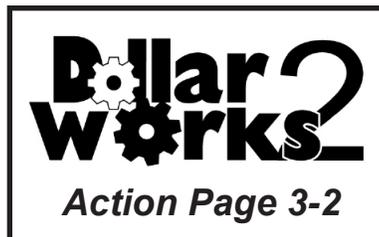


In the spaces below, list income and assistance amounts for this month and next month. Income amounts may change from month to month. After listing, add items for income in each column. Write the total for this month and next month in the "Total Income" boxes. Add all items for assistance and write the totals in the "Total Assistance" boxes. Add the "Total Income" and "Total Assistance" boxes and write the sum in the "Total Income & Assistance" boxes. This is the total income and assistance for this month and next month. You will need to transfer these totals to *What is My Spending Plan Summary?* (the last sheet of this Action Page).

Income	This Month	Next Month
Wage/Salary (Take-home pay for 1 month)	_____	_____
Wage/Salary	_____	_____
Wage/Salary	_____	_____
Commission	_____	_____
Overtime Pay	_____	_____
Social Security Benefit	_____	_____
Pension	_____	_____
Veteran's Benefit	_____	_____
Advanced Earned Income Tax Credit Payment (AEITC)	_____	_____
Child Support	_____	_____
Spousal Maintenance Received	_____	_____
Unemployment Compensation	_____	_____
Worker's Disability Compensation	_____	_____
No Taxes Removed:		
Tips	_____	_____
Contract Work	_____	_____
Cash Income	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
1. Total Income	<input type="text"/>	<input type="text"/>
Assistance		
Food Support Program (formerly Food Stamps)	_____	_____
Women, Infants, & Children (WIC) Program	_____	_____
Supplemental Security Income (SSI)	_____	_____
Temp. Assistance for Needy Families (TANF)/MFIP	_____	_____
Child Care Assistance (paid directly to provider)	_____	_____
Housing Assistance (paid directly to landlord)	_____	_____
School Lunch	_____	_____
Energy Assistance	_____	_____
Gifts	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
2. Total Assistance	<input type="text"/>	<input type="text"/>
3. Total Income & Assistance	<input type="text"/>	<input type="text"/>

Spending Plan

Month: _____



Where Does the Money Go?

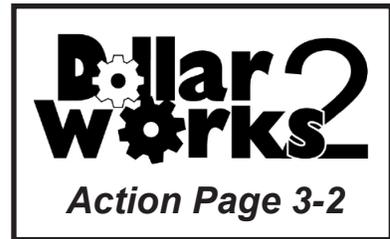
Use **Action Page 3-1** and your checkbook register for this Action Page.

This Month	Next Month	This Month	Next Month
4. Set-Aside Funds		6. Transportation	
_____ Emergency	_____	_____ Gas	_____
_____ *Income Tax (self-employment)	_____	_____ Maintenance (oil), Repair	_____
_____ *FICA (self-employment)	_____	_____ Loan payment	_____
_____ Education	_____	_____ Loan payment	_____
_____ Retirement (non-employer)	_____	_____ Insurance	_____
_____ Ind. Dev. Account (IDA)	_____	_____ Public Transportation	_____
_____ Other: _____	_____	_____ Car Pool	_____
Set-Aside Funds (see Action Page 4-2):		_____ Other: _____	_____
_____ Non-Monthly Expenses	_____	<input type="text"/> TOTAL	<input type="text"/>
_____ Special Events	_____	7. Health	
_____ Other: _____	_____	_____ Doctor (co-pay)	_____
_____ Other: _____	_____	_____ Doctor (co-pay)	_____
_____ Other: _____	_____	_____ Dentist	_____
<input type="text"/> TOTAL	<input type="text"/>	_____ Eye Care/Glasses	_____
*Guide for tax set-aside funds: FICA 15% & Cash Income 10% to total 25%		_____ Prescription	_____
5. Housing		_____ Prescription	_____
_____ Rent or Mortgage	_____	_____ Non-Prescription Drugs	_____
_____ Second Mortgage	_____	_____ Hospital	_____
_____ Electricity	_____	_____ Medical Clinic	_____
_____ Heat/Gas	_____	_____ Health Insurance (non-employer)	_____
_____ Water, Sewer	_____	_____ Life Insurance (non-employer)	_____
_____ Garbage	_____	_____ Counseling/Therapy	_____
_____ Phone: Land Line	_____	_____ Other: _____	_____
_____ Phone: Cell	_____	<input type="text"/> TOTAL	<input type="text"/>
_____ Cable/Satellite	_____	8. Food	
_____ Internet	_____	_____ Food at Home/Groceries	_____
_____ Property Taxes	_____	_____ Eating Out	_____
_____ Property/Renters Insurance	_____	_____ School Meals	_____
_____ Home Maintenance	_____	_____ Food for Special Occasions	_____
_____ Other: _____	_____	_____ Baby Formula	_____
<input type="text"/> TOTAL	<input type="text"/>	_____ Baby Food	_____
		_____ Snacks	_____
		_____ Non-Alcoholic Beverages	_____
		_____ Other: _____	_____
		<input type="text"/> TOTAL	<input type="text"/>

Spending Plan

Month: _____

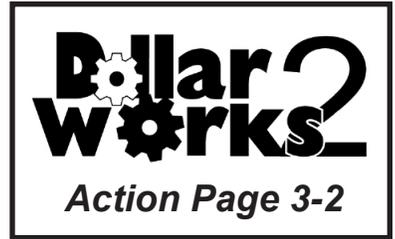
Where Does the Money Go?



Use *Action Page 3-1* and your checkbook register for this Action Page.

This Month		Next Month		This Month		Next Month	
9. Payments and Fees				11. Personal			
_____	Credit Card	_____		_____	Clothing, Footwear	_____	
_____	Credit Card	_____		_____	Clothing Care, Laundry	_____	
_____	Credit Card	_____		_____	Personal Care Products	_____	
_____	Credit Card	_____		_____	Personal Care Services	_____	
_____	Loan: _____	_____		_____	Household Supplies	_____	
_____	School Loan	_____		_____	Child/Elder Care	_____	
_____	Tuition Loan	_____		_____	Babysitting	_____	
_____	Child Support Payment	_____		_____	Diapers	_____	
_____	Spousal Maint. Payment	_____		_____	School Supplies and Fees	_____	
_____	Remittance Payment	_____		_____	Children's Allowance	_____	
_____	Legal Payment	_____		_____	Adult's Allowance	_____	
_____	Other: _____	_____		_____	Alcohol	_____	
<input type="text"/>	TOTAL	<input type="text"/>		_____	Gambling/Lottery	_____	
10. Overdue/Monthly Bill Payments				_____	Tobacco/Cigarettes	_____	
_____	Arranged Monthly Payment	_____		_____	Gifts	_____	
	To _____			_____	Donations/Contributions	_____	
	Balance _____			_____	Other: _____	_____	
_____	Arranged Monthly Payment	_____		<input type="text"/>	TOTAL	<input type="text"/>	
	To _____			12. Recreation and Entertainment			
	Balance _____			_____	Hobbies	_____	
_____	Arranged Monthly Payment	_____		_____	Reading Material	_____	
	To _____			_____	Movies	_____	
	Balance _____			_____	CDs, DVDs, Video Games	_____	
_____	Arranged Monthly Payment	_____		_____	Events (sports, concerts)	_____	
	To _____			_____	Pets (supplies, veterinarian)	_____	
	Balance _____			_____	Membership Dues	_____	
_____	Arranged Monthly Payment	_____		_____	Activity Fees	_____	
	To _____			_____	Other: _____	_____	
	Balance _____			_____	Other: _____	_____	
<input type="text"/>	TOTAL	<input type="text"/>		<input type="text"/>	TOTAL	<input type="text"/>	

Spending Plan



What is My Spending Plan Summary?

	This Month	Next Month
1. Total Income	\$ <input type="text"/>	\$ <input type="text"/>
2. Total Assistance	\$ <input type="text"/>	\$ <input type="text"/>
3. Total Income & Assistance	\$ <input type="text"/>	\$ <input type="text"/>
<u>Monthly Expense Summary</u>		
4. Set-Aside Funds	\$ _____	\$ _____
5. Housing	\$ _____	\$ _____
6. Transportation	\$ _____	\$ _____
7. Health	\$ _____	\$ _____
8. Food	\$ _____	\$ _____
9. Payments and Fees	\$ _____	\$ _____
10. Overdue/Mo. Bill Payments	\$ _____	\$ _____
11. Personal	\$ _____	\$ _____
12. Recreation and Entertainment	\$ _____	\$ _____
13. Total Expenses	\$ <input type="text"/>	\$ <input type="text"/>
14. Do my Income and Expenses Balance? (Income minus Expenses)	\$ <input type="text"/>	\$ <input type="text"/>

Transfer these totals from *How Much Money Do I Have?*

Transfer these totals from *Where Does the Money Go?*

Keeping a family spending plan each month can help balance total income with total expenses and assistance. If the spending plan is “out of balance,” meaning expenses are more than income and assistance, changes are needed for the next month.

These changes usually include actions that increase income and/or lower expenses. Use the ideas listed below to help balance the family spending plan next month. **Action Page 3-5: Planning for Financial Change** gives space for writing down the differences in income or expenses to show where adjustments will be needed the next month.

- Review **Action Page 3-2** and consider some possibilities for adding more income and decreasing some expenses in the current plan.
- Review **Action Page 3-6** for information on eligibility for federal assistance programs.
- Review **Action Page 4-3** for ideas on making changes that save money in many expense categories.